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AUTHOR Hale, Christine L.; Watson, Mary G.
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ABSTRACT

Weiner (1987) theorized that sympathy and blame are a function of attributions of stability (lethality) and controllability of a disease. This research hypothesizes that all Acquired Immunodeficiency Syndrome (AIDS) patients will receive sympathy because the disease is lethal, and that those who could not control the contraction of AIDS (transfusion recipients) will receive more sympathy than those who could (homosexuals and intravenous drug users). It also hypothesizes more blame when contraction of AIDS was controllable. Subjects (n=170) watched a video of an AIDS patient and answered a questionnaire. All hypotheses were supported. (Three references and one table are included.) (Author)

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AIDS: Disease Characteristics and Attributions of Sympathy and Blame

Christine L. Hale

Mary G. Watson

University of Houston

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Running head: AIDS: DISEASE CHARACTERISTICS AND ATTRIBUTIONS

Abstract

Weiner (1987) theorized that sympathy and blame are a function of attributions of stability (lethality) and controllability of a disease. This research hypothesizes that all AIDS patients will receive sympathy because the disease is lethal, and that those who could not control the contraction of AIDS (transfusion recipients) will receive more sympathy than those who could (homosexuals and IV drug users). It also hypothesizes more blame when contraction was controllable. Method of contraction was manipulated through patient histories. Subjects (n=170) watched a video of an AIDS patient and answered a questionnaire. All hypotheses were supported. Findings are important because of high costs of AIDS to society.

AIDS: Disease Characteristics and Attributions of Sympathy and Blame

AIDS is estimated to cost tens or even hundreds of billions of dollars (Fineberg, 1988). The disease will require society's support of research, education, and medical care. Therefore, society's perception of AIDS is extremely important.

How does society's affective response to the characteristics of a disease effect its decision to help? Previous research on helping (Berkowitz, 1969) suggests that people will experience the desire to help others if they perceive the other's need to come from an external factor. According to this theory, the problem must be perceived as being out of the individual's control to elicit a desire to help. The extent to which an illness is out of an individual's control is also a determinant of sympathy (Weiner, 1987). A fundamental premise of this paper is that people must sympathize with others in order to feel a desire to help.

Weiner (1987) also posits that sympathy is a function of a second dimension, stability (the extent to which the situation can be changed). In the case of disease, stability refers to lethality, which elicits

sympathy. To date, all AIDS cases are lethal. Thus, the first hypothesis of this study states that sympathy will be experienced for all AIDS patients because of its stability.

Although stability is important, it is controllability that is interesting because it is this dimension that determines the degree of sympathy felt. In other words, the extent to which an individual is blamed for contracting the disease influences the degree of sympathy felt. Therefore, the second hypothesis of this study states that AIDS patients are more blamed for contracting the disease when AIDS is "controllable" (i.e., the result of homosexual activity or intravenous drug use), than when AIDS is "uncontrollable" (i.e., the result of contaminated blood transfusions).

According to Weiner (1987), sympathy is extended as a function of stability and controllability. Because there is no variability in the stability (lethality) of AIDS, differences in sympathy are related to differences in attributions of controllability. Thus, the third hypothesis of the research is that more sympathy will be expressed for individuals whose contraction of AIDS is

"uncontrollable" than for those for whom it is "controllable."

Method

Subjects

Subjects were 170 undergraduates enrolled at a major southwestern university. Fifty-one percent were female, and 17 percent were under 20, 44 percent were 20-25, 20 percent 26-30 and 19 percent 31 and over. All analyses reported in this paper are based on those subjects for whom the manipulation was confirmed.

Procedure

After informed consent was obtained, subjects read a medical history of a patient with AIDS. The independent variable was manipulated in these histories, which described a homosexual, an IV drug user, and a recipient of a blood transfusion following an automobile accident. The three levels of form of contraction were randomly assigned. Then, subjects viewed a video of this patient's visit to the doctor. During the tape, the patient was told that he needed to be hospitalized. The subjects then completed a questionnaire and were debriefed.

Results

Sympathy was measured by agreement on a scale of 1 (Completely Disagree) to 7 (Completely Agree) with the item "I feel sorry for the patient." Mean agreement for patients where contraction of AIDS was "controllable" (i.e, gay or IV drug user) was 5.26. Mean agreement for patients where contraction was "uncontrollable" (i.e, blood transfusion recipient) was 5.88. The first hypothesis was supported. Sympathy was felt for all patients.

More blame was placed on the patient when contracting AIDS was "controllable" than when it was "uncontrollable," supporting the second hypothesis. (See Table 1).

Insert Table 1 about here.

More sympathy was expressed when the contraction of AIDS was "uncontrollable" than when it was "controllable," supporting the third hypothesis. (See Table 1).

Discussion

As predicted, sympathy is, in fact, experienced for all AIDS patients, regardless of "controllability"

of contraction. This is important because a fundamental premise of this paper is that without the existence of sympathy, help is not offered. However, more sympathy is felt for patients whose method of contraction of AIDS was "uncontrollable."

Blame also is a function of "controllability." Patients who contract AIDS from a blood transfusion ("uncontrollable") are not blamed at all. Patients who contract AIDS through homosexual activity or IV drug use ("controllable") are blamed more, although the mean of 4.16 represents a neutral rating of blame.

It is interesting to speculate on the link between blame and sympathy. This research suggests sympathy varies as a function of blame. The more an individual is held responsible for the contraction of the disease, the less one is apt to feel sympathy for that individual. In fact, in this research, the correlation between sympathy and blame is -.38, accounting for 14 percent of the variance.

As predicted, patients who had control over the contraction of AIDS, such as homosexuals and IV drug users, are blamed and are given less sympathy. The fact that the majority of AIDS cases are homosexuals and IV drug users, may be an explanation for the lack

of funds available for all aspects of AIDS. Although all AIDS patients are offered some sympathy, the blame may negate the amount of sympathy felt, leaving very little desire to help.

Weiner (1987) theorized that sympathy is a function of two dimensions--stability and controllability. This study confirms the influence of stability on sympathy. It further confirms the influence of attributions of controllability on sympathy. These attributions are important because they are the foundation of further judgments, emotional reactions, and future behavior. It is the attributions that determine the belief that the patient is worthy of help, a desire to help, and most importantly, the taking of action such as the donation of funds. This is important due to the tremendous financial demands AIDS is anticipated to continue to make on society.

References

Berkowitz, L. (1969). Roots of aggression: A reexamination of the frustration-aggression hypothesis. New York: Atherton.

Finebert, H. V. (1988, October). The social dimensions of AIDS. Scientific America, pp. 128-134.

Weiner, B., Perry, R., & Magnusson, J. (1987). An attributional analysis of reactions to stigmas, including reflections about AIDS. Unpublished manuscript.

Table 1

Results

The patient is to blame for getting AIDS.							
Uncontrollable			Controllable			*t*	df
N	Mean	STD	N	Mean	STD		
46	1.83	1.2	109	4.17	1.7	9.68	116.2** a

I feel sorry for the patient.							
Uncontrollable			Controllable			*t*	df
N	Mean	STD	N	Mean	STD		
51	5.88	1.1	117	5.26	1.4	-2.80	166*

a F test for equality of variances was significant, supporting hypothesis that variances were unequal. Value of *t* and degrees of freedom based on unequal variances.

** $p<.0001$; * $p<.01$.